

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY			
AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:			
NAME OF EMPLOYEE (TRUE)	DATE (FROM ITEM 8-1)	NAME OF SUPERVISOR (TRUE)	DATE (FROM ITEM 8-2)
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE

TO BE COMPLETED BY EMPLOYEE		
1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE
4. SERVICE DESIGNATION (IF KNOWN)	5. CURRENT STATION OR FIELD BASE	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR		7. EXPECTED DATE OF DEPARTURE
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY:		

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (REFER TO CATALOG OF COURSES, IF AVAILABLE):

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (CONTINUED) : CIA-RDP78-04718A001300240015-7

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (FOR 1ST, 2D AND 3D CHOICE) IN THE BOXES BELOW:

☐

RETURN TO MY CURRENT STATION

☐

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

☐

BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2D AND 3D CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: \_\_\_\_\_

2D CHOICE: \_\_\_\_\_

3D CHOICE: \_\_\_\_\_

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

12. SIGNATURE: COMPLETE ITEM NO. S-1, INSTRUCTION SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

14. SIGNATURE: COMPLETE ITEM NO. S-2, INSTRUCTION SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, & THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

16. NAME OF SUPERVISOR

SIGNATURE:

TITLE:

DATE:

17. REMARKS (ADDITIONAL COMMENT)

Approved For Release 2001/04/24 : CIA-RDP78-04718A001300240015-7

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## FIELD REASSIGNMENT QUESTIONNAIRE

### I N S T R U C T I O N S

- A. THIS QUESTIONNAIRE IS DESIGNED TO PROVIDE INFORMATION FOR CONSIDERATION BY HEADQUARTERS IN PLANNING YOUR NEXT ASSIGNMENT.
- B. EACH SUPERVISOR IN THE FIELD WILL SEE THAT THIS QUESTIONNAIRE IS COMPLETED FOR EACH EMPLOYEE UNDER HIS IMMEDIATE SUPERVISION AND FORWARDED TO HEADQUARTERS EIGHT (8) MONTHS PRIOR TO THE INDIVIDUAL'S PLANNED DATE OF DEPARTURE FROM THE STATION.
- C. THE QUESTIONNAIRE WILL BE COMPLETED AND FORWARDED THROUGH NORMAL CHANNELS TO HEADQUARTERS IN TRIPPLICATE.

### SPECIAL NOTE

THIS FORM MUST BE PREPARED WITH DUE REGARD FOR SECURITY CONSIDERATIONS. FOR EXAMPLE, IN THE CASE OF ADMINISTRATIVE AND SUPPORT PERSONNEL AND OTHERS WHOSE DUTIES DO NOT IN THEMSELVES REVEAL SOURCES OF INFORMATION OR METHODS OF OPERATIONS, IT IS NORMALLY EXPECTED THAT A COMPLETE AND REALISTIC STATEMENT OF MAJOR DUTIES MAY BE REPORTED IN ITEM NO. 8. HOWEVER, THE NATURE, PURPOSE OR DISPOSITION OF INFORMATION OR OPERATIONS WILL NOT BE INCLUDED. ON THE OTHER HAND, THE DESCRIPTION OF THE MAJOR DUTIES OF CERTAIN OTHER EMPLOYEES MAY JEOPARDIZE SECURITY AND SHOULD NOT BE FULLY REPORTED ON THIS FORM. IN THESE CASES A GENERAL STATEMENT OF DUTIES WILL BE INDICATED IN ITEM NO. 8 SO AS TO SHOW THE LEVEL OF RESPONSIBILITIES INVOLVED AND ENABLE REVIEWERS AT HEADQUARTERS TO UNDERSTAND THE NATURE OF YOUR POSITION. NO NAMES, OPERATIONAL TECHNIQUES, OBJECTIVES OR PURPOSES OF THE OPERATION SHOULD BE INCLUDED.

S-1. NAME OF EMPLOYEE (IN PSEUDONYM, IF ANY) LAST, FIRST, MIDDLE  DATE:	SIGNATURE OF EMPLOYEE (IN PSEUDONYM, IF ANY)
S-2. NAME OF SUPERVISOR (IN PSEUDONYM, IF ANY) LAST, FIRST, MIDDLE  DATE:	SIGNATURE OF SUPERVISOR (IN PSEUDONYM, IF ANY)

FORM NO.

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